

4. Medical Expenses + Dental Claim

Please complete and forward all original receipts/documents:

Date of injury/illness: / / Country injury/illness occurred:

Full circumstances of injury/illness:

When did the symptoms first appear?: / / Are you applying for pre-approval of treatment Yes No

Have you suffered this illness/injury previously? Yes No

If yes, please give details:

If you have applied for pre-existing medical cover from our Medical Hotline please provide your reference number:

Details of Medical/Dental expenses/Quotes	Amount	Currency	Have you paid this expense?	
a			Yes	No
b			Yes	No
c			Yes	No

Please advise the name and address of your usual doctor:

	Treating Doctor/Dentist	Treating Specialist	Hospital Details
Name			
Address			
Phone			
Fax			

	(Actual/Proposal)	(Actual/Proposal)
Date of first consultation / /	Date of first consultation / /	Admission / /
		Discharge / /

Please note: The doctor should be informed that they may be required to fill in, free of expense to the company, a certificate sent by our office.

Please attach the procedure costs quoted by your health care service provider.

Medical Authority – to be completed in ALL medical claims

I hereby give permission to Comprehensive Travel Insurance 2004 Limited to obtain any information that they may require relative to the illness/accident stated above.

Signature:	Date: / /
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5. Baggage

Please attach a Police report, proof of ownership, written replacement quotes, foreign exchange receipts etc as applicable

Date of loss/damage/theft:	/	/	Time:	Country:	
Please explain what happened:					
a) Has the loss/theft been reported to the Police? If yes, please provide a Police acknowledgement form				Yes	No
Date reported:		Police Station:			
Police file number:					
Was a list of items given to the Police (Please note we may request a copy of this from the Police)				Yes	No
b) Airline/Shipping/Bus Co etc. loss or damage reported (if applicable):				Yes	No
If yes, please provide a copy of the lost property form.					
If no report obtained, please explain why:					
c) Details of other steps taken to minimize loss:					
d) Have you claimed for this loss from any other source or company?				Yes	No
If yes – name and address of company:					
Amount of compensation received:		\$			

Baggage Please complete each column

Description of property lost/damaged/stolen. (Use separate sheet of paper if list is large)

Description of Property	Where Item Purchased	Date Purchased	Purchase Price	Replacement Cost	Item Replaced? (please attach receipt)	Proof of Ownership Attached	
						Yes	No
1		/ /				Yes	No
2		/ /				Yes	No
3		/ /				Yes	No
4		/ /				Yes	No
5		/ /				Yes	No
6		/ /				Yes	No

6. Cancellation of Travel Disruption

Please complete and attach all documents as applicable:

Date of incident:	/	/	Full details of claim:		
Breakdown of cancellation costs from travel agent attached			Yes	No	N/A
Doctors report or certificate attached:			Yes	No	N/A
Documentation confirming reason for cancellation attached:			Yes	No	N/A
Receipts/Accounts for expenses attached:			Yes	No	N/A
Proof of delay from airline attached:			Yes	No	N/A
Additional expenses incurred if any		Amount	Currency		
a		\$			
b		\$			
c		\$			

